## APPLICATION FOR TESTING PLEASE RETURN THE COMPLETED APPLICATION TO: AOWB

## P.O. BOX 303552 MONTGOMERY, AL 36130

I AM APPLYING FOR THE FOLLOW	VING TEST:			
BASIC INSTALLER TEST— <b>T</b>	ESTING FEE IS \$	100.00		
ADVANCED LEVEL I TEST—	TESTING FEE IS	\$150.00		
ADVANCED LEVEL II TEST-	-TESTING FEE IS	\$200.00		
PUMPER TEST—TESTING F	EE IS \$100.00			
PORTABLE RESTROOM TES	ST— <b>TESTING FE</b> I	E IS \$100.0	00	
MANUFACTURE TEST— <b>TES</b>	STING FEE IS \$10	0.00		
I WILL REQUIRE ORAL TESTING:	(CIRCLE ONE)	YES	NO	
NAME:				-
ADDRESS:				
CITY:	STATE:		_ZIP:	
TELEPHONE:	_DATE OF BIRTH	H:		
SOCIAL SECURITY NUMBER:				
WHAT IS YOUR BASE COUNTY OF OPERATION:				
ARE YOU A UNITED STATES CITIZEN? YESNO				
RETURN THIS COMPLETED FOR PAGE. PLEASE BE SURE TO IT PAYABLE TO THE ALABAMA CORRECT TESTING FEE LISTED THE EVENT YOU FAIL THE EXAM. ADDITIONAL TESTING IN WRITING OF THE TESTING TO PRESENT PICTURE IDENTITIEST RESULTS WILL BE MAIL IS ADMINISTERED AS STATED	ENCLOSE A CH ONSITE WASTE ED ABOVE. TH AM, YOU MAY F FEE WILL BE R DATE AND LOC IFICATION BEFO ED WITHIN 14 W	ECK OR I WATER E IIS FEE IS RETEST 2 REQUIRED ATION. N	MONEY ORDE BOARD FOR T B NON-REFUN WEEKS AFT D. YOU WILL YOU WILL BE IG ALLOWED	ER MADE IHE IDABLE. IN ER THE BE NOTIFIED REQUIRED TO TEST.
SIGNATURE			DATE	